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PTO/SB/21 (09-06)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number

10/623,352

Filing Date

July 17, 2003

First Named Inventor

Rani Kanwarjeet Yadav-Ranjan

Art Unit

3629

Examiner Name

Matthew L. Brooks

Attorney Docket Number

361916-991110

ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/
Incomplete Application

☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a
Provisional Application

☒ Power of Attorney, Revocation
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board
of Appeals and Interferences

☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify
below):
Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name DLA Piper US LLP

Signature

Printed name Timothy W. Lohse

Date October 19, 2007

Reg. No. 35,255

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being sent via First Class Mail addressed to the Commissioner for Patents, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name Susan Pingue

Date October 19, 2007



PTO/SB/82 (01-06)

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/623,352
Filing Date	July 17, 2003
First Named Inventor	Rani K. Yadav-Ranjan
Art Unit	3629
Examiner Name	Matthew L. Brooks
Attorney Docket Number	361916-991110

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

26379

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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26379

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Individual Name

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Rani K. Yadav-Ranjan

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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